

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212513660						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: COLORADO BANKERS LIFE INSURANCE COMPANY</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA 23219</p> </div> <div style="width: 35%;"> <p>DUE DATE: 2/29/2012</p> <p>SCC ID NO: F0474785</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>5,000,000</td> </tr> <tr> <td>PREFER</td> <td>5,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	5,000,000	PREFER	5,000,000
CLASS	AUTHORIZED							
COMMON	5,000,000							
PREFER	5,000,000							
<p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p>								
<p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p>								
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 5990 GREENWOOD PLAZA BLVD SUITE 325</p> <p style="text-align: center;">CITY/ST/ZIP: GREENWOOD VILLAGE, CO 80111</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOSEPH WIESER TITLE: PRESIDENT ADDRESS: 5990 GREENWOOD PLAZA BLVD #325 CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111 </td> <td style="width: 5%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: top;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOSEPH WIESER TITLE: PRESIDENT ADDRESS: 5990 GREENWOOD PLAZA BLVD #325 CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
NAME: JOSEPH WIESER TITLE: PRESIDENT ADDRESS: 5990 GREENWOOD PLAZA BLVD #325 CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOANNE E ASHTON TITLE: ASST VP/T ADDRESS: 5990 GREENWOOD PLAZA BLVD #325 CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111 </td> <td style="width: 5%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: top;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOANNE E ASHTON TITLE: ASST VP/T ADDRESS: 5990 GREENWOOD PLAZA BLVD #325 CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			
NAME: JOANNE E ASHTON TITLE: ASST VP/T ADDRESS: 5990 GREENWOOD PLAZA BLVD #325 CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: TIMOTHY J CATRON TITLE: VICE PRESIDENT ADDRESS: 5990 GREENWOOD PLAZA BLVD #325 CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111 </td> <td style="width: 5%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: top;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: TIMOTHY J CATRON TITLE: VICE PRESIDENT ADDRESS: 5990 GREENWOOD PLAZA BLVD #325 CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			
NAME: TIMOTHY J CATRON TITLE: VICE PRESIDENT ADDRESS: 5990 GREENWOOD PLAZA BLVD #325 CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DAVID GERRISH TITLE: VICE PRESIDENT ADDRESS: 5990 GREENWOOD PLAZA BLVD #325 CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111 </td> <td style="width: 5%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: top;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DAVID GERRISH TITLE: VICE PRESIDENT ADDRESS: 5990 GREENWOOD PLAZA BLVD #325 CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			
NAME: DAVID GERRISH TITLE: VICE PRESIDENT ADDRESS: 5990 GREENWOOD PLAZA BLVD #325 CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PATRICIA WELLS TITLE: VICE PRESIDENT ADDRESS: 5990 GREENWOOD PLAZA BLVD. SUITE 325 CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111 </td> <td style="width: 5%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: top;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PATRICIA WELLS TITLE: VICE PRESIDENT ADDRESS: 5990 GREENWOOD PLAZA BLVD. SUITE 325 CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			
NAME: PATRICIA WELLS TITLE: VICE PRESIDENT ADDRESS: 5990 GREENWOOD PLAZA BLVD. SUITE 325 CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR						

NAME:	WILLIAM BARNES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1020 31ST STREET		
CITY/ST/ZIP/CO:	DOWNERS GROVE, IL 60515		
NAME:	PAUL GAUTHIER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1020 31ST STREET		
CITY/ST/ZIP/CO:	DOWNERS GROVE, IL 60515		
NAME:	GERARD MALLEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 E RANDOLPH		
CITY/ST/ZIP/CO:	CHICAGO, IL 60601		
NAME:	CRAIG NORDYKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1020 31ST STREET		
CITY/ST/ZIP/CO:	DOWNERS GROVE, IL 60515		
NAME:	SALLY WILSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5990 GREENWOOD PLAZA BLVD #325		
CITY/ST/ZIP/CO:	GREENWOOD VILLAGE, CO 80111		
NAME:	STEVEN FRY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5990 GREENWOOD PLAZA BLVD #325		
CITY/ST/ZIP/CO:	GREENWOOD VILLAGE, CO 80111		
NAME:	J MARK LAMERE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	FIELD VICE PRES		
ADDRESS:	5990 GREENWOOD PLAZA BLVD #325		
CITY/ST/ZIP/CO:	GREENWOOD VILLAGE, CO 80111		
NAME:	LAURA GALLAGHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	APPTD ACTUARY		
ADDRESS:	1020 31ST STREET		
CITY/ST/ZIP/CO:	DOWNERS GROVE, IL 60515		
NAME:	DOUGLAS BLUM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ILLUST ACTUARY		
ADDRESS:	5990 GREENWOOD PLAZA BLVD #325		
CITY/ST/ZIP/CO:	GREENWOOD VILLAGE, CO 80111		
NAME:	CHARLES WILLSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST VICE PRES		
ADDRESS:	5990 GREENWOOD PLAZA BLVD #325		
CITY/ST/ZIP/CO:	GREENWOOD VILLAGE, CO 80111		
NAME:	JULIA MARSHALL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1020 31ST STREET		
CITY/ST/ZIP/CO:	DOWNERS GROVE, IL 60515		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

<u>/s/ PATRICIA WELLS</u>	<u>PATRICIA WELLS, VICE</u>	<u>4/16/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		